

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10718131

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	
1	1							51							
2		1						52							
3		2						53							
4		1						54							
5		2						55							
6		1						56							
7		2						57							
8		1						58							
9		1						59							
10	1							60							
11		1						61							
12		2						62							
13		1						63							
14		2						64							
15		1						65							
16		2						66							
17		1						67							
18		1						68							
19	1							69							
20		1						70							
21		2						71							
22		1						72							
23		2						73							
24		1						74							
25		2						75							
26		1						76							
27		1						77							
28	1							78							
29		1						79							
30		1						80							
31								81							
32								82							
33								83							
34								84							
35								85							
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39								89							
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41								91							
42								92							
43								93							
44								94							
45								95							
46								96							
47								97							
48								98							
49								99							
50								100							
TOTAL IND.	4							TOTAL IND.							
TOTAL DEP.	35							TOTAL DEP.							
TOTAL CLAIMS	39							TOTAL CLAIMS							